



---

STATE INTERAGENCY COUNCIL  
*for Services to Children with an Emotional Disability*

ANNUAL REPORT



---

2001

# Progress Report on Kentucky's State Interagency Council

## Table of Contents

Introduction .....	1
Creation of the State Interagency Council for Services to Children with an Emotional Disability .....	2
Charge to the Council.....	2
Meetings of the State Interagency Council.....	3
SIAC Staff .....	4
Regional Interagency Councils (RIACs) .....	4-6
RIAC Assessments.....	5
Collaboration with Parents .....	7
Results of the Ten Year Evaluation of the IMPACT Program.....	8
Training Opportunities .....	8
Seasonal Meetings .....	8
Service Coordination 101 .....	9
Therapeutic Child Support Training .....	9
Service Coordination Supervisory Training .....	9
RIAC Orientation Training.....	9
Collaborative Initiatives .....	10
House Bill 843 Children's Workgroup.....	10
Clinical Pathways for Children with Autism Workgroup.....	11
Legislative Workgroup.....	12
IMPACT Plus .....	12
Status Offender Workgroup.....	13
F.I.R.S.T. Project .....	13
Bridges Project.....	13
Kentucky Partnership for Families and Children.....	14
Looking Ahead.....	14
Christopher, Christina and Jessica.....	15

## Introduction

The State Interagency Council (SIAC) for Services to Children with an Emotional Disability is a group of representatives from state agencies, and a parent of a child with an emotional disability, who maintain and oversee a framework of collaborative services for children whose emotional disabilities interfere with their daily functioning at home and at school.

The hallmark program of this framework is known as Kentucky Impact.

Primary goals of the Impact program are to:

- coordinate local and state resources to serve children with severe emotional disabilities in their home and community and
- reduce expensive psychiatric hospitalization stays, both in-state and out-of-state, for children with severe emotional disabilities

An integrated, comprehensive and coordinated system of community services was put in place to provide "wrap-around" services to children with severe emotional disabilities and their families. As this report notes, evaluation data demonstrate that the program is successful.

A funding source does not deter a

child's acceptance into Impact. Funds are appropriated by the General Assembly for case management and "wraparound" services. Wraparound funds are designed to provide communities resources for the purchase of services which best meet the child's needs. In addition, Medicaid covers

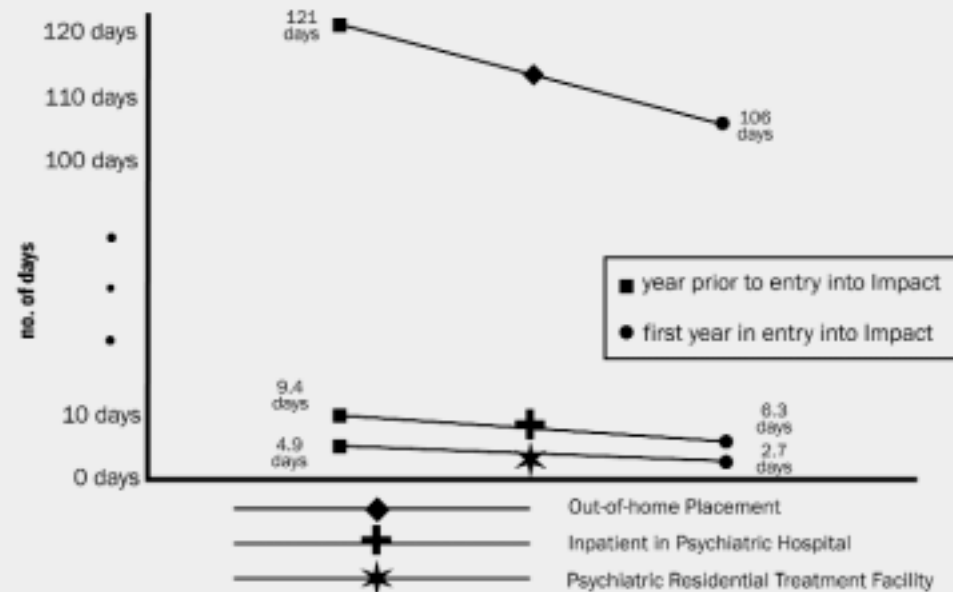
case management costs for Medicaid eligible children.

This report will provide more information about SIAC and Impact, what they do, their successes, and will update you on collaborative activities conducted by the Council and staff during the state fiscal year 2001.

### Are children who participate in Kentucky Impact likely to be placed in less restrictive settings, compared to the year prior to program entry?

One method of measuring the success of Kentucky Impact is to look at the number of days an Impact child spends in out-of-home placements one year prior to receiving the Impact wraparound process compared with the first year of the child's entry into the program.

It appears over time within Kentucky Impact, children are less likely to be placed in residential treatment or psychiatric hospitals and more likely to live with their parents.



### State Interagency Council Members

Dept. for Community Based Services

Dietra Paris, Commissioner

Dana Jackson, Designee

Family Resource & Youth Services Center

Robert Goodlett, Director

Mary Ann Taylor, Designee

Dept. of Juvenile Justice

Ralph Kelly, Commissioner

Bill Heffron, Designee

Dept. for Medicaid Services

Mike Robinson, Commissioner

Tricia Salyer, Designee

Parent Representative

Rebecca Garrett

Dept. for Public Health

Rice Leach, Commissioner

Ron Herald, Designee

Dept. for Mental Health and

Mental Retardation Services

Margaret Pennington, Commissioner

Bruce Scott, Designee

Administrative Office of the Courts

Melinda Wheeler, Assistant Director

Lisa Broaddus, Designee

Dept. of Education

Johnnie Grissom, Associate Commissioner

Mike Armstrong, Designee

*The representative from the Department for Community Based Services currently chairs SIAC. In 2003, the chair will rotate to the Family Resource and Youth Services Center member.*

## Creation of the State Interagency Council for Services to Children with an Emotional Disability

In 1990, the Kentucky General Assembly, in landmark legislation for children with an emotional disability, found "that services to children are provided by various departments and agencies at both the state and local level, often without appropriate policy collaboration and service coordination." The purpose of this legislation, KRS 200.501-200.509, as defined by the General Assembly, "is to establish a structure for coordinated policy development, comprehensive planning and collaborative budgeting for services to children with a severe emotional disability..."



Rep. Tom Burch of Louisville wrote the legislation that created the Kentucky Impact program.

### Charge to the Council

The State Interagency Council's primary charge is to oversee the Impact program by

- providing guidance to the Regional Interagency Councils (RIACs)
- assessing the effectiveness of the RIACs
- maintaining a uniform grievance process for families in the Impact program
- developing new initiatives to serve children with a severe emotional disability

Examples of the development of new projects include:

- directing the creation of a clinical pathway for children with autism,
- beginning work on coordinating services to children with traumatic brain injury who are transitioning to adulthood, and
- collaborating with the Department of Education and the Division of Mental Health to support students with emotional disabilities by reducing barriers to learning and improving academic performance.

This year SIAC created a new interagency agreement that was signed by all partner agencies. The agreement affirms the commitment of all the parties involved in bettering the provision of services to children with severe emotional disabilities and their families.

#### **Severe Emotional Disability (SED)**

A child or adolescent who exhibits behavioral, emotional and/or social impairment that consequently disrupts the child's or adolescent's academic and/or developmental progress, family and/or interpersonal relationships. The disability has continued for at least one year, and will continue if not treated.

## Meetings of the State Interagency Council

The SIAC meets as a council of designees on the fourth Wednesday of each month. During the past year, the Commissioner level members met quarterly to address policy issues that surfaced in the monthly council meetings. During the upcoming year, the Commissioners will begin meeting twice each year.

The meetings are usually in Frankfort but are held "on the road" in different regions at least three times a year. During fiscal year 2001, meetings were held in the Northern Kentucky, Big Sandy, and Jefferson county Regions. The purpose of taking these meetings on the road is to increase communication between SIAC, RIACs, service recipients, and service providers.

The SIAC members have also been available on an informal basis before and after the regular SIAC meeting to address concerns and to foster collaborative relationships with community members.

SIAC meetings are open to the public.

### 2002 State Interagency Council meeting dates and locations

January 23 -	Frankfort
February 27 -	Frankfort
March 27 -	Pennyrile Region
April 24 -	Frankfort
May 22 (Commissioners) -	Frankfort
June 26 -	Green River Region
July 24 -	Frankfort
August 28 -	Frankfort
September 25 -	Gateway Region
October 23 -	Frankfort
Nov. 20 (Commissioners) -	Frankfort
December 18 -	Frankfort

To confirm time and place, contact SIAC staff at (502) 564-7610.

## SIAC Staff

SIAC staff support SIAC meetings and carry out the work and directives of the Council. Staff are administratively housed in the Department for Mental Health and Mental Retardation Services in Frankfort.

Staff include:

- **Director:**  
Christopher Cecil, MSSW
- **Project Manager:**  
Carol Wilson
- **Project Specialist:**  
Susan Duvall
- **Project Specialist:**  
Michael Dawson, MSSW
- **Communications Assistant:**  
Monica Santa-Teresa
- **Administrative Assistant:**  
Judy Copher

During fiscal year 2001, three of these positions were filled.

## Regional Interagency Councils (RIACs)

The State Interagency Council is mirrored on the local level by Regional

Composition of the Interagency Councils

Domain	SIAC Representative	RIAC Representative
Parent	Adoptive or biological parent of a child with SED	Adoptive or biological parent of a child with SED
Mental Health	Commissioner - KDMHMRS	Director of Children's Services Regional MH/MR Board
Child Welfare	Commissioner - Dept. for Community Based Services (DCBS)	Service Region Administrator Dept. for Community Based Services
Public Health	Commissioner - Dept. for Public Health	Representative, local health department
Medicaid	Commissioner - Dept. for Medicaid Services	Regional Representative Dept. for Social Insurance
Juvenile Justice	Commissioner - Dept. for Juvenile Justice	Regional Program Manager
Courts	Assistant Director - Administrative Office of the Courts	Court Designated Worker selected by chief district judges
Prevention and Early Intervention	Executive Director - Family Resource and Youth Service Centers	Not currently required but may be added at the discretion of the RIAC
Education	Commissioner - Dept. of Education	Special Education Director, Local Education Agency

Interagency Councils. Like the SIAC, representatives from the designated agencies and a parent member serve on the Council. However, their purpose and role differ from those of the SIAC. Regional Councils review case histories of children referred for services, accept or deny admission into the program, and authorize payment of child specific services from funds allocated for this purpose. These funds are appropriated by the legislature and are known as Intensive Family Based Support Services (IFBSS) dollars.

IFBSS dollars are flexible and used to purchase services that "fit"

the child's needs, rather than forcing the child into existing programs that may not be the most appropriate. This concept of "wraparound services" is designed to meet the complex needs of the child and family in their home community.

A service coordinator from the community mental health center (CMHC) is assigned to each child to develop, in conjunction with the parent or guardian and a team of individuals concerned with the child, a coordinated set of services which will allow the child to improve daily functioning, attain success in school and improve relationships within his or her family.

## RIAC Assessments

In fiscal year 2001, SIAC members and staff conducted collegial assessments or reviews of the functioning of each RIAC. A survey instrument was developed based on the statutory requirements for both SIAC and the RIACs. Four sections were included as follows:

- SIAC Functioning
- RIAC Functioning
- Rights of Children and Parents
- IFBSS Funding

In addition to the completion of the survey, visits were made to the RIACs by SIAC members and SIAC staff to discuss the information provided.

Several themes emerged from the analysis of the assessments. *See box at right.* By and large, RIACs are clearly meeting their statutory mandates and ensuring that Impact is a program that works to successfully intervene in the lives of children with severe emotional disabilities.

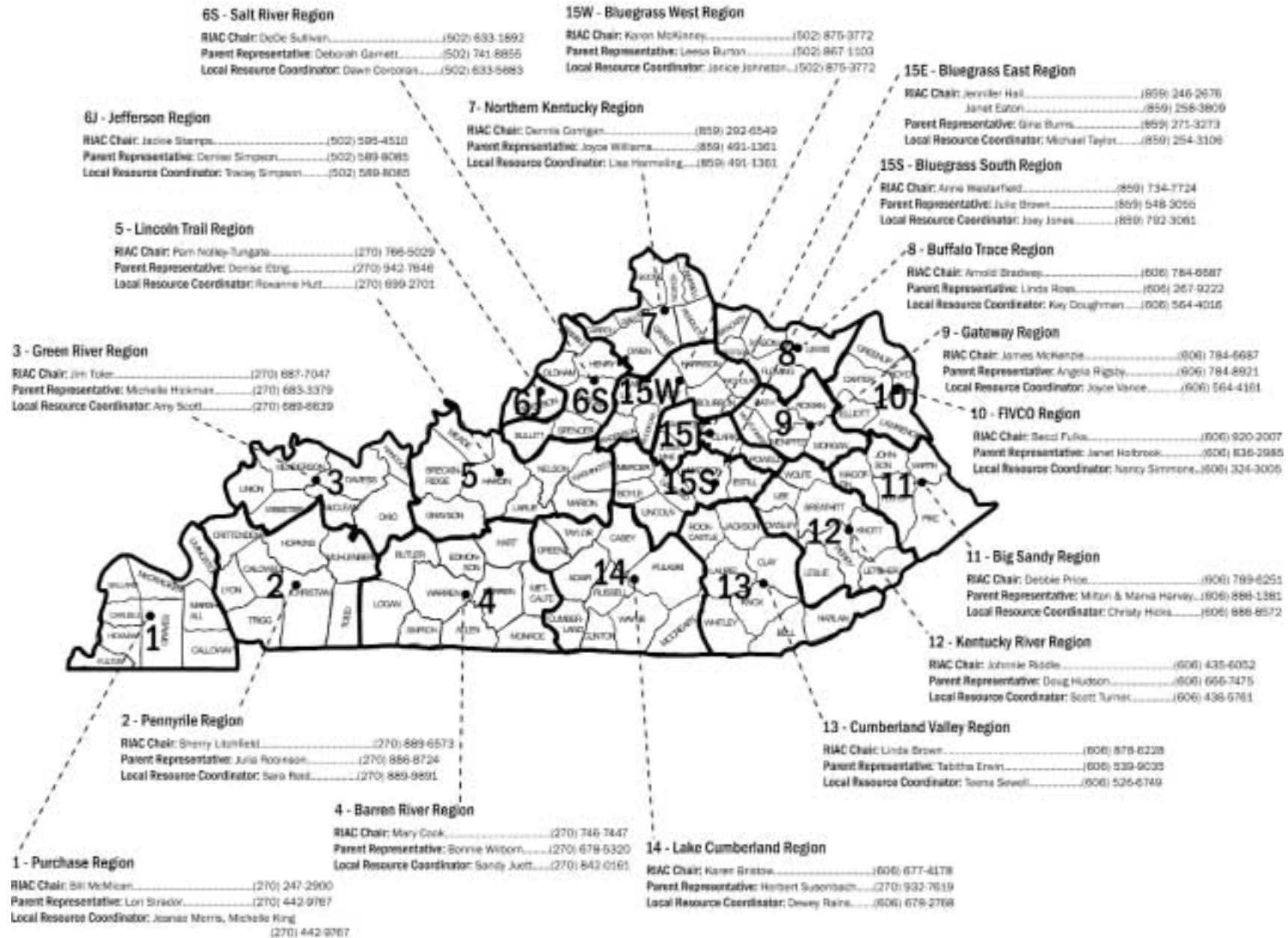
General themes and findings of the RIAC assessment analysis indicate...

- All RIACs (or LIACs) make sustained efforts to maintain the required membership, hold meetings regularly, hear nominations of referred children and ensure that service planning meetings are held in a timely fashion.
- Parent involvement is deemed essential in the service planning process to obtain a successful outcome for the child.
- An area for increased focus is in enhancing communication between the SIAC and the individual RIACs.
- The Impact program has steadily grown in caseload size with the only new funding being inflationary increases.
- The Impact program is saturated and cannot grow without additional funding.
- RIACs have been creative in exploring and obtaining new services for children.
- RIACs are proud of the success of their interagency collaboration and ability to put aside “turf” issues on behalf of children.

### Regional MH/MR Boards and Kentucky Impact...

The Commonwealth of Kentucky is divided into 14 regions where Regional MH/MR Boards plan community mental health services. Although the RIACs authorize wraparound funding and coordinate Impact services, the Regional MH/MR Boards provide essential support to RIACs by employing RIAC staff, providing clinical services, and administering wraparound funds.

## The 18 Regional Interagency Councils for 2001





## Collaboration with Parents

The State Interagency Council works closely with representatives of parents of children with severe emotional disabilities who receive state sponsored services. A parent representative and alternate are members of the SIAC. Additionally, each RIAC has a parent representative and an alternate. Statewide, these parents compose the State Family Advisory Council which serves in a consultative role to SIAC.

RIACs may choose to employ Family Liaisons who provide sup-

port and education for Impact parents.

In April 2001, the State Family Advisory Council held a retreat to discuss current topics and trends and to make recommendations regarding improvement of service delivery. A summary of their concerns is contained in the report, *A Call to Action*.

These areas include:

- confidentiality procedures
- timely reimbursement and payment of stipends
- State Family Advisory Council

legislation and the procedure to appoint RIAC/SIAC representatives

- use of model forms for Impact programs
- staff turnover and waiting lists
- the role of the Family Liaisons

SIAC began to review and discuss these changes in fiscal year 2001.

Their work has carried over into the current fiscal year with the development of a Model Forms Workgroup and the decision to promulgate regulations specifying standard confidentiality agreements.

Kira Garrett, left, often accompanies her mother, Rebecca to the SIAC meetings.



### SIAC Parent Representative Profile: Rebecca Garrett

Rebecca Garrett is the mother of 18-year-old Kira Garrett. Kira was diagnosed with bipolar disorder.

Rebecca credits much of Kira's change for the better on the Impact philosophy of coordinating "wraparound" services.

The trainings she received from SIAC's Seasonal Meetings not only educated her on many

topics involving children with severe emotional disabilities, but also allowed her to network with other parents of children with severe emotional disabilities.

Rebecca has advocated for children with severe emotional disabilities by telling her and Kira's story, putting a human face to an emotional disability, and by lending her wisdom and perspective as a colleague.

## Results of the 10-Year Evaluation of the Impact Program

The Impact program has been formally evaluated at the five year mark in 1995, and again recently with the completion of 10 years of operation. The study was conducted by Robert J. Illback, Psy.D and Daniel Sanders, Ph.D., R.E.A.C.H., Louisville, Inc.

The purpose of the study was to gather and analyze information to determine the effectiveness and evolution of Impact over its 10 years of existence.

Summary results indicate notable achievements including the following:

- Strong evidence exists that participation by a child with SED in Kentucky Impact continues to be associated with statistically significant reductions in behavior problems.
- Participation in Impact is associated with social competence gains.
- Children are less likely to be placed in residential treatment or psychiatric hospitals.
- Participation in Impact

appears to be associated with both parental skill development and full participation in the service delivery process.

- Program continues to have strong social validity. Children, parents, service coordinators and teachers (in that order) perceive improvement in all six areas measured: behavioral self-control, emotional adjustment, social skills, school achievement, school adjustment, and family adjustment.

## Training Opportunities

SIAC offers several training opportunities annually for mental health staff, parents, consumers and other professionals who work with children. Each fall and spring, Seasonal Meetings gather the statewide Impact "community" including service coordinators, regional administrators, RIAC members, parents, and Impact Plus sub-providers.

### 2001 Seasonal Meetings

During fiscal year 2001, the fall Seasonal Meeting was held in November 2000 in Covington, Kentucky. The theme "Celebrating 10 Years of Impact: Still Growing, Learning and Evolving" reflected the 10-year anniversary of the creation of Impact.

(The Seasonal) is a wonderful opportunity to learn new skills.

*Seasonal participant comment through participant survey*

Approximately 280 people attended this Seasonal Meeting which focused attention on the success of the program in improving the lives of children with SED. Twenty-one workshops were offered and participants attended peer groups, networking and sharing issues and ideas with others throughout the state in a similar position. Eligible attendees were presented with 5 and 10-year service pins.

The spring Seasonal Meeting "Pieces of the Puzzle" was held in March 2001 at the University Plaza and Conference Center in Bowling Green, Kentucky. Approximately 300 participants attended this Meeting. Included in the 24 workshops offered were topics such as anger management, attention deficit hyperactivity disorder, partnering with parents, school violence, Individuals with Disabilities Education Act, and psychotropic medications for children. Peer groups met and one representative from each region was chosen by the RIAC to receive an award for his or her outstanding service to children and families.

## Service Coordination 101

Service Coordination 101 is held monthly to certify new Impact and Impact Plus case managers. The training covers:

- clarification of the meaning of service coordination,
- how to conduct a service team meeting,
- how to write a case plan with goals and objectives,
- information on Medicaid regulations,
- ideas on how to effectively work with parents,
- cultural diversity, and
- an overview of the SIAC/RIAC structure.

A faculty of representatives from Impact, Impact Plus, the Division of Mental Health, SIAC staff, Medicaid and parents provide the Service Coordination 101 trainings.

During state fiscal year 2001 the curriculum was revamped, building on the strengths of the child and family and the wraparound process. A pilot training was attended by 33 staff from Impact, Impact Plus, Medicaid, the Division of Mental Health, the Medicaid Professional Review Organization, and SIAC in January 2001. Two hundred-sixty

(260) new service coordinators received SC 101 during the 10 sessions held in 2001.

## Therapeutic Child Support Training

Therapeutic Child Support Training of Trainers was developed and offered to supervisory and lead staff members in the private provider (Impact Plus) community. A pilot training was held in October 2000. Revisions to the curriculum were made and the improved training was held in February and May 2001. Thirty-five participants attended these sessions.

## Service Coordination Supervisory Training

Service Coordination Supervisory training was developed in conjunction with Service Coordination 101. Participants receive information about supervising the service coordination/case management process. Training was held in February with 47 attendees.

## RIAC Orientation Training

RIAC Orientation is designed to meet the training needs of new and veteran RIAC members. The training covers issues regarding the history and organizational structure of Kentucky Impact, family issues and funding streams. RIAC Orientation training was offered at the Seasonal Meetings and made available to individual RIACs upon request.



Children's Services Director for the Kentucky River Region, Kari Collins, right, led Service Coordination Supervisors through a jam-packed and interesting supervisory curriculum.



## Collaborative Initiatives

SIAC is charged in its legislative mandate to promote services that prevent the emotional disability of a child and to develop services to meet the needs of SED children. Often, SIAC pursues these objectives by forming and staffing workgroups around a designated need or purpose. During the past year, workgroups identified barriers and addressed issues around three topics:

- children's services as noted in HB 843 regional reports,
- the needs of children with autism, and
- the improvement of the functioning of SIAC and the Impact program.

Staff may also serve on other interagency committees as a representative of children's mental health needs, such as the Criminal Justice Cabinet's Status Offender Workgroup.

### HB 843 Children's Workgroup

The 2000 General Assembly enacted House Bill 843 which established a Commission to assess the needs of individuals with mental illness, alcohol and other drug abuse disorders,

### House Bill 843

The statewide Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses is composed of six Legislators and 14 Executive Branch cabinet secretaries, commissioners, and department heads representing systems and services which deal with mental illness and substance abuse.

*from Template for Change*

and dual diagnoses, determine the existing statewide capacity for treatment delivery and evaluate the coordination and collaboration of both public and private agencies in providing an integrated service delivery system.

Following the review of reports from Regional Councils as established by HB 843 the Commission was directed to make recommendations, specifically including a recommendation regarding "comprehensive and integrated programs for providing mental health and substance abuse services...to children and youth."

The SIAC chairperson and SIAC staff provided support for the Children's Services Workgroup. The Workgroup reviewed regional reports and summaries and divided into five cluster groupings, based on dominant themes in the reports, to focus their work and develop specific strategies and recommendations. The five clusters were:

- Access and Availability,
- Medications and Medication Management,
- Residential Services,
- Crisis Stabilization  
Emergency Services, and
- Substance Abuse.

SIAC staff summarized the problems, conclusions and recommendations of the Workgroup which were included in the HB 843 Commission's Report entitled *Template for Change*.



<http://dmhmrs.chr.state.ky.us/mh/kmhs/HB843.asp>

## Clinical Pathways for Children with Autism

During January 2001, a workgroup met for the first time to identify the barriers in Kentucky to accessing services for children with autism and formulating recommendations to present to the State Interagency Council to improve services to this vulnerable population.

The workgroup was composed of parents of children with autism and representatives from the Department for Medicaid Services, Impact Plus providers, Impact Plus staff, the Department for Community Based Services, the Community Mental Health Centers, the Kentucky Autism Training Center and the Department of Education.

A SIAC staff member facilitated the meetings and provided staff support for the workgroup.

The workgroup met monthly and has presented recommendations to SIAC in June 2001.

The four recommendations are:

- Develop and implement specialized training for case managers

and therapeutic child support aides in the area of autism.

- Explore the development of "Centers of Excellence" at evaluation sites to improve the interdisciplinary assessment and referral process.
- The State Interagency Council should explore ways to recruit and enroll networks of providers as needed for this special population.
- The State Interagency Council should promote an interagency effort on the part of the Division of Mental Health, the Department of Medicaid Services, and the Department of Education to develop a mechanism which ensures consistent case planning across the domains of education, case management, and support of the family. Ways to improve the integration of services and funding should be explored.

A "Clinical Pathways for Children with Autism Spectrum Disorder" document was reviewed by the workgroup. Work on the clinical pathway by SIAC members continues.

## What is Autism?

During the past year, parents and professionals alike noted with concern the growing number of children with autism spectrum disorder. Autism is a developmental disorder and affects children within a range of severity. Some children with autism are unable to communicate verbally, become fixated on objects or topics, are not toilet-trained and are physically difficult for their parents to manage.

Other children may have a milder form of the disorder, known as Asperger's Syndrome.

Children with Asperger's usually have impaired social skills and have difficulty relating to other children.

Autism is found throughout the world among people of every race and economic status. Current estimates are that one in 500 children in the United States has autism. There is no known cause or cure for the disorder. However, some children improve dramatically with early intervention designed specifically around their individual needs and delays.

## Legislative Workgroup

In the spring of 2001, a legislative workgroup was formed and began meeting to discuss and determine any issues relating to SIAC that should be addressed in the legislative process.

The workgroup identified two issues for SIAC to consider:

- funding levels for Impact services, and

- inclusion of the Family Resource and Youth Services Center as a statutory member of SIAC.

The primary recommendation formulated by the workgroup was that funding for the Impact program cost per child should be restored to 1996 levels. Intensive Family Based Support Service (IFBSS) funding has not been increased, except for inflationary costs, since the inception of the program. However, the number of children served continues to grow, resulting in a lesser amount being spent per child.

During fiscal year 2001, 5,746 children were served at an average cost of \$908 a child. Over the 10 years since the birth of Impact, caseload sizes experienced significant growth but the level of funding did not keep up with this pace.

As a result, IFBSS costs per child fell from \$2,963 in fiscal year 1992 to less than \$1,000. The rate of children's progress has also leveled off since 1996 (*Kentucky Impact at Year Ten*; Illback, 2001), indicating that the program's enrollment is saturated and can no longer serve additional children as effectively as it did before 1996. At the same time that per child IFBSS expenditures dropped, however, Impact Plus

began covering the costs of wrap-around services for Medicaid children.

Therefore, the SIAC legislative workgroup recommended that Impact funding be restored to the 1996 level per child which would increase funding from \$5,217,368 in fiscal year 2001 to \$8,882,397 in fiscal year 2002 and to \$10,125,932 in fiscal year 2003.

## Impact Plus

Impact Plus is a "sister" program to Kentucky Impact. In contrast to Impact, Impact Plus is available only to children who are Medicaid-eligible. Private agencies sub-contract with the Division of Mental Health and the Department for Community Based Services to offer services for children with severe emotional disabilities.

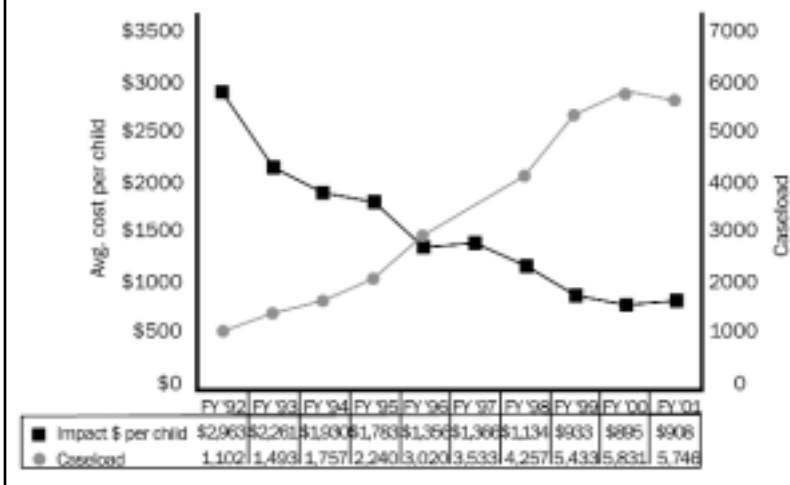
As SIAC is responsible for the oversight of programs for services for children with SED, it shares responsibility with the Division of Mental Health, the Department for Community Based Services and Medicaid in providing guidance to Impact Plus. SIAC provides training, including the required Service Coordination 101, to both Impact and Impact Plus providers.

### Kentucky Impact:

#### A Comparison Between Funding Support and Caseload Size

Fiscal Years 1992-2001

Caseload by Fiscal Year and Average Impact Funding Per Child



Source: Kentucky Department for Mental Health and Mental Retardation Services

## Status Offender Workgroup

A Status Offender Workgroup was convened by the Criminal Justice Cabinet. The SIAC Director represents the mental health needs of children as a member of the workgroup. Other members on the committee are a state representative, the Administrative Office of the Courts, District Court Judges, and the Department of Education. Pilot programs are being developed for Jefferson and Fayette counties.

## F.I.R.S.T. Project

Funding for the State Interagency Council also supports the Family Intervention Resource Service Team Project (F.I.R.S.T. Project) located in Owensboro. F.I.R.S.T. provides intensive services to youth who have been charged with a crime and diverted from court by the Court Designated Worker (CDW).

The primary purpose of the program is to reduce the incidence of further court charges of children referred to and enrolled in the program.

A study, presented to the SIAC in March 2001, demonstrated statistics which verify that this project is indeed meeting this goal. Children completing the F.I.R.S.T. project have significantly less court involve-

ment than those who do not participate. The report reflects that the risk of having further court charges for non-participants is three times greater than the risk for those in the program.

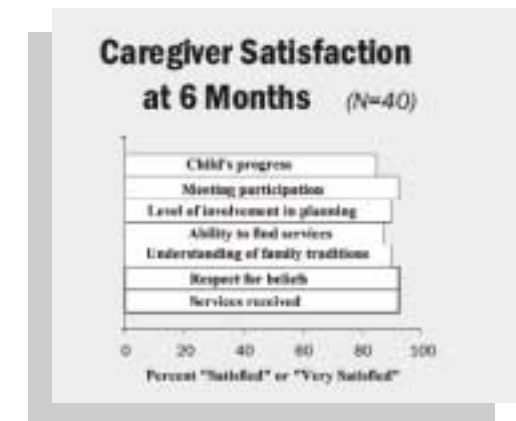
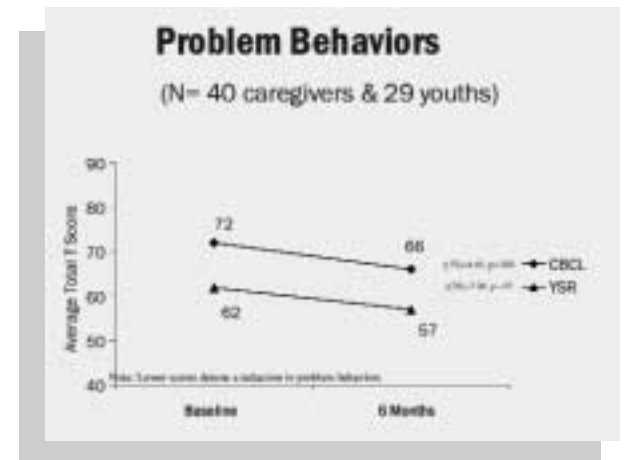
## Bridges Project

The Bridges Project is a six-year, Comprehensive Community Mental Health Services for Children and their Families grant, funded by the Center for Mental Health Services. The Department for Mental Health and Mental Retardation Services was awarded the grant in 1998, and has contracted it out to three Community Mental Health Centers (CMHCs) in the Appalachian region of the state: Region 11 (Mountain), Region 12 (Kentucky River), and Region 13 (Cumberland River).

The project places Student Service Teams and Behavior Consultants in schools. It utilizes a three-tiered service model (universal, targeted, and intensive) of intervention and support which focuses on prevention, early intervention, and short-term intensive services. Bridges is in a total of 21 schools across the three regions, including elementary, middle, high, and alternative school campuses.

The Bridges Project builds on the strong statewide and regional infra-

structure of Kentucky Impact to further address the needs of children with or at risk of developing severe emotional disabilities, and their families.



## Kentucky Partnership for Families and Children

Kentucky Partnership for Families and Children (KPFC) has a 31-member board that consists of parent representatives from Kentucky Impact's 18 regions across the state and professionals from the field of children's mental health.

KPFC parent support group delegates represent support groups from across the state and act in an advisory capacity to the board.

KPFC also has a 15-member youth council that advises the Board of Directors on issues from the point of view of a youth with an emotional, behavioral or mental health challenge. KPFC offers a variety of services to families and professionals in the commonwealth, including a resource directory, a resource line to assist parents and professionals and a quarterly newsletter that provides information on children's mental health issues.

SIAC provides collaborative consultation and administrative support to KPFC.

## Looking Ahead

Initiatives for the upcoming fiscal year include:

- Developing a clinical pathway for youth with brain injury or mental retardation who are transitioning to adulthood.
- Developing training for case managers on the clinical pathway for children with autism.
- Meet with chief district court judges to strengthen the interagency response to needs of SED children who are before the courts.
- Promulgate regulations for confidentiality forms compliant with HIPAA for interagency service planning.
- Assist SIAC and RIACs to establish a quality improvement program.
- Implement a management information system to improve access to SIAC records.
- Implement the collaborative project with KDE to use special education collaboratives to improve communication between RIACs and school districts.
- Facilitate collaboration between KDE and the Division of Mental Health to share outcomes data on children in both Impact and special education.
- Co-host with KDE a training for educators and mental health professionals to lower barriers to learning for children with emotional disabilities.
- Provide staff support to SIAC's proposed initiative related to HB 843, as outlined in the Impact Plus Program Review Report, to improve the coordination of mental health services to children.
- Provide training monthly for new case managers so that minimum qualifications for service delivery are met.
- Publish quarterly newsletter available in hard copy and through the SIAC website highlighting interagency best practices.



## Christopher, Christina and Jessica

The success of the Impact program is reflected in thousands of stories about children and families who have benefited from the services they received.

One of these stories is from a grandmother named Mae Martin who lives in the Green River Region. Ms. Martin has custody of three grandchildren, Christopher, Christina, and Jessica who are diagnosed with bipolar disorder.

Christopher, 13, in addition to being diagnosed with bi-polar disorder, was also identified as having an intermittent explosive disorder. When he first entered the Impact program, Christopher was described as being withdrawn, violent at school, and frequently crawled under his desk. He now participates in class, is described as friendly and outgoing, and is loved by the people at school.

Christina, 12, was described as having suicidal tendencies, along with her diagnosis of bipolar disorder. When Christina first entered Impact,

she was distant from others, would not give or receive appropriate touch, and resented people. Christina now interacts with others, socializes, hugs and kisses her grandmother and tells her grandmother that she loves her. Christina is also doing well in school.

Jessica, 11, was diagnosed with bipolar disorder, epilepsy, memory loss and mild mental retardation. When she first entered the Impact Program, Jessica was aggressive towards others, frequently sent home from school, and was hospitalized multiple times. She is now controlling her anger better, stopped being sent home from school, graduated from her elementary school, and her hospitalizations have decreased dramatically. According to Ms. Martin, Jessica has learned appropriate social skills, and her self-esteem has improved.

Ms. Martin reports that their service team, which included personnel from Jessica's school, provided great support, helped her feel more control over the situation, and more confident in dealing with the kids, "thanks to the Impact Program and staff."

